Please type a plus sign (+) inside this box +	Diocco	tune s	nlus sia	n (+	) inside	this bo	x [+
-----------------------------------------------	--------	--------	----------	------	----------	---------	------

PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. ETH5093 Attorney Docket Number DECLARATION AND David A. Dalessandro, et al. First Named Inventor **POWER OF ATTORNEY** COMPLETE IF KNOWN FOR UTILITY OR DESIGN PATENT APPLICATION Application Number (37 CFR 1.63) □ Declaration Submitted with □ Declaration Submitted after Filing Date Initial Filing (Surcharge Initial Filing OR (37 CFR 1.16(e)) required) **Group Art Unit Examiner Name** As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: APPARATUS AND METHOD FOR ATTACHING A SURGICAL BUTTRESS TO A STAPLING APPARATUS (Title of the Invention) the specification of which is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed. **Certified Copy** Priority Foreign Filing Date **Prior Foreign** Attached? (MM/DD/YYYY) Not Claimed Country **Application** NO YES Number(s) Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLAR	ATION - Utility or Design Patent App	lication	
I hereby claim the benefit under 35 U.S.C  Application Number(s)	. 119(e) of any United States provisional a Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.	
as the subject matter of each of the claims provided by the first paragraph of Title 35, defined in Title 37, Code of Federal Regular national or PCT international filing date of	nited States Code, §120 of any United State of this application is not disclosed in the pric United States Code, §112, I acknowledge thations, §1.56(a) which occurred between the this application:	e duty to disclose material information as	
Application Serial No.	Filing Date	- Janes	
	`	Patented Patented Patented	
I hereby appoint:		Place Customer	
	000027777	Number Bar Code	
Practitioners at Customer Number		Label Here	
AND			
Practitioner(s) named below: Name	Registration Number		
as my/our attorney(s) or agent(s) to pro States Patent and Trademark Office or	osecute the application identified above, ar onnected therewith.	nd to transact all business in the United	
Address all telephone calls to William K. Wiss			
	stomer Number Bar Code Label 000027777 OF	Correspondence address below	
Name:			
Address:			
Address:			
City:	State:	ZIP	
Country	Telephone:	Fax:	

I hereby declar that all statements made herein of my own knowledge are true and that all statements made on information and belif are believed to b tru; and further that thes statements were made with the knowledge that willful false statements and the like so made ar punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF SOLE OR FIRST INVENTOR: **Family Name DALESSANDRO** or Surname (first and middle [if any]) David A. and a Dalisander Inventor's Date Signature **Citizenship** USA Country USA State NJ Residence: City Scotch Plains, Mailing Address 7 Fields Lane **Country USA** ZIP 07076 State NJ Scotch Plains, City I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. ☐ A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: **Family Name** Given Name or Surname (first and middle [if any]) Zhigang Inventor's Date Signature **Country USA** CitizenshipChina State NJ Residence: City Hillsborough Mailing Address 83 Fisher Drive Country USA State NJ ZIP 08844 Hillsborough, I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF THIRD INVENTOR: **Family Name Given Name SCOPELIANOS** or Surname (first and middle)[if any]) Angelo G. Inventor's (() Date Signature Country USA CitizenshipUSA State NJ Residence: City Whitelou Mailing Address 7 John Stevens Road **Country USA** State NJ ZIP 08889 Whitehouse Station, City